

2005 FOR PROFIT CORPORATION ANNUAL REPORT


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Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90031 042 ***150.00

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01262005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000044944			
1. Entity Name OUR INVESTMENT GROUP, INC.			
Principal Place of Business 15734 86TH RD LOXAHATCHEE, FL 33470		Mailing Address 15734 86TH RD LOXAHATCHEE, FL 33470	
2. Principal Place of Business 17564 60th Lane		3. Mailing Address 17564 60th Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Loxahatchee FL		City & State Loxahatchee FL	
Zip 33470	Country USA	Zip 33470	Country USA
4. FEI Number 65-0900881		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NIETO, DAGO ALFONSO 15734 86TH RD LOXAHATCHEE, FL 33470		7. Name and Address of New Registered Agent Name DAGO ALFONSO NIETO Street Address (P.O. Box Number is Not Acceptable) 17564 60th Lane City Loxahatchee FL Zip Code 33470	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NIETO, DAGO ALFONSO 15734 86TH RD LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-D Nieto, Dago Alfonso 17564 60th Lane Loxahatchee FL 33470 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-T-D Duchess Bird 17564 60th Lane Loxahatchee FL 33470 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Dago Alfonso Nieto		Date 1-31-05 Daytime Phone # 561-313-4587	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			